(b) if so, the outcome, if any, thereof; and

(c) the strict action taken, likely to be taken against the officials responsible ior shortage of medicines and loss of crores of rupees?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHIL-MALAI): (a) There was not acute shortage of medicines. In case of any shortage of medicine, the same was met by procuring from the authorised local Chemist on individual valid prescription as per laid down procedure. Hence, no enquiry was ordered in this respect.

(b) and (c) In view of (a) above, questions do not arise.

Tackling Population Growth

1159. SHRI PARMESHWAR KUMAR AGARWALLA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that India's population is going to cross the one billion mark in a few months;

(b) if so, the steps taken or proposed to be taken, either to slow down the population growth or to ansure minimum facilities, to the future generations;

(c) whether Government have taken any steps to take all the political parties into confidence to tackle this great problem of population explosion, so that future generation does not suffer and lives a miserable life;

(d) if so, the details thereof; and

(e) if not, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHIL-MALAI): (a) As per the population pro-jections for the country, issued by Registrar General of India, the population of India will cross one billion mark by the turn of the century.

(b) The Government has adopted a holistic national approach to the problem of growing population. The project calls for a multi pronged strategy for addressing the social, historical and economic causes of rapid population growth. Past experience indicates that population problem can be solved, only if:

(i) Parents have a reasonable assurance that their first and or second child will survive;

(ii) People are acquainted with the wide range of contraceptive choice available to them and they are also educated and informed about the use of the specific contraceptive methods suitable to their needs;

(iii) Literacy and educational status of the families, especially, girls and women in the families rise substantially above the present level;

(iv) Empowerment of women to make their own informed choice and erimination of gender bias in families and society are ensured;

(v) Funding for the population programmes is raised substantially;

(vi) Population scabilisation activities are decentralised with the planning and implementation being entrusted to the district level and below with the involvement of the elected Panchayat body and NGOs.

The Reproductive Child Health Programme which was launched in 1997 seriously seeks to address the issues of child survival, maternal health, dissemination of Information, Education and Communication about population at the grassroot level, involvement of district, sub-district and village panchayat levels health functionaries in planning, disigning and implementing their own programmes, including information, education and communication campaigns.

The funding of the population and family welfare programmes is being

enhanced substantially since 98-99. Government has also taken steps to widen the range of contraceptive choice and ensure their availability through free distribution and social marketing mechanisms.

Raisings of educational status of girls and women in general is a recognised priority for the Government. The implementation of the adult literacy programme will also promote awareness of population and family welfare issues.

(c) to (e) In the special Session of the Parliament in August, 1997 the elected representatives of all political parties had an opportunity to participate in a free and indepth discussion of population issues.

A draft National Population Policy seeking to address the problem in its totality is presently under the Government's consideration.

Supply of Sub-standard Unani Medicines

1160. SHRI MUNAVVAR HASAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that highly sub-standard and Fungus infected Unani medicines are being supplied by Win Pharma, Maxo Lab, Himachal Lab, to CGHS Unani dispensaries;

(b) if so, the action taken/being taken against the officers found responsible therefor; and

(c) the steps being taken to prevent procurement and supply of such sub-standard medicines?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) to (c) Some fungus infected medicines were detected. The fungus infected Unani medicines were withdrawn by CGHS and those were replaced with fresh stock of Unani Medicines by the supplying forms.

Besides getting the replacement, explanations were called for in this regard from the firms. It has been assured by them that they will be more careful in future in supplying the medicines to CGHS.

Patients undergoing Dialysis Contracting HIV Virus

1161. SHRIMATI KAMLA SINHA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of the report about some patients undergoing dialysis in one of the city's premier hospital and contracting HIV virus, due to which one of the patients died recently;

(b) if so, whether Government have made any inquiry into the matter to know the deficiencies into the screening of the blood donors, blood safety standards and whether there is any nexus or clandestine deal between the professional blood donors and the hospitals/blood banks, despite ban on professional blood donation:

(c) if so, what are the details thereof; and

(d) what action has been taken by Government in the matter?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) A report in The Hindustan Times 22nd January, 1999 has appeared in this regard. However, Regional Blood Transfusion Centre, LNJP Hospital, Delhi has stated that the patient did not die due to HIV contaminated blood transfusion.

(b) to (d) Government of NCT of Delhi has made an enquiry into the matter and it has been found that there were no deficiencies in the screening of blood units as each unit is tested for HIV before it is issued for transfusion purposes. The hospital has indicated that